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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**      **\*\* SMALL ENTITY \*\***  
**\*\* 10/23/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature      Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS</b> <b>DRAWING</b> 9	<b>TOTAL</b> <b>CLAIMS</b> 18	<b>INDEPENDENT</b> <b>CLAIMS</b> 4
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**TITLE**

Color calibration for color bar codes

<b>FILING FEE</b>  <b>RECEIVED</b> 558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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